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TEN ATTACKS OF APPENDICITIS  
WITHIN ELEVEN MONTHS.

OPERATION; CURE.

BY

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## TEN ATTACKS OF APPENDICITIS WITHIN ELEVEN MONTHS; OPERATION; CURE.

By EUGENE P. BERNARDY, M.D.

APPENDICITIS is an inflammation of the vermiform process, and is undoubtedly the prime cause of the majority of the cases of so-called typhlitis, perityphlitis, etc. In the cases which came under my treatment, either as attendant or consultant, the appendix vermiform has been the *casus belli*.

In two cases at death the appendix was found to contain pop-corn, in two other cases apple-seeds were found. Three cases terminated in abscess, one bursting through into the rectum, one through the navel, and the other through the groin. In this last case, death took place after months of suffering, the patient being under the care of another medical attendant; my prognosis being unfavorable, I had been requested to withdraw from the case. In all these cases grapes and figs had been freely eaten. Two cases seemed to have recovered under treatment without any further trouble. In one the region over the appendix remained tender for nearly a year, which finally yielded to repeated blistering and careful diet.

I report the following case on account of its rarity; the repeated attacks of undoubted inflammation, and the perfect return to health after the operation:

The patient, a girl, aged nineteen, had always enjoyed good health up to September 2, 1888, when she was suddenly taken with a sharp pain in the right inguinal region; the abdomen on that side could not be examined on account of the pain; temp. 103°, pulse 120, slight constipation. Small doses of calomel and morphia were given at short intervals, which readily relieved the patient, and hot poultices were applied. The history obtained was as follows: While out picking strawberries, of which she was very fond, and had eaten a great many, a shower suddenly came up, and being some distance from home, she ran all the way; she was completely drenched; the same



evening she found that her menses had stopped; a few days after, the above attack occurred.

Ordered 3j doses of Epsom salts every hour, which resulted in the discharge of a number of small seeds. This attack lasted sixteen days. Toward its close the patient was seen, during my absence from the city, by my friend, Dr. S. Solis-Cohen.

The second attack occurred on November 8, 1888. In the right inguinal region could be felt a soft boggy mass, tender on touch. Rectal examination disclosed a mass about the size of a pigeon's egg; vaginal, showed the mass well to the right and entirely independent of uterus and tubes, very tender to the touch. The same treatment as in the first attack. Temp. 101° to 103°, pulse 120 to 140. Nausea but no vomiting. I learned that she had been at her sister's in the country, and had partaken freely of grapes. She was freely purged, with the result of bringing away nearly a pint of grape seeds. Duration of attack about ten days.

The third attack (December 11, 1888) was ushered in with vomiting of bile, great pain over region of stomach and right inguinal region. One-quarter of a grain of morphia was given hypodermatically, which relieved the pain. A tumor was felt in the right side. I found she had eaten freely of pop-corn. Free purgation brought away nearly a cupful of partially digested pop-corn. From this time there never seemed to be a complete relief of pain. Deep pressure always showed presence of tenderness.

The fourth attack was ascribed to a strain. The parts were blistered twice in succession. Sudden movement of the right leg, a slight jump, would cause pain. I hinted at an operation, but it was strenuously opposed by the patient. Crab Orchard salt water was ordered in teaspoonful doses night and morning. The necessity of careful diet was impressed upon the patient.

The fifth attack occurred on January 9, 1889, from no known cause, unless from improper food (peas), the attack lasted three weeks, and during the time the patient was very ill, the temperature one day touching 104°, with a thready pulse of over 140; cold sweats and chills in the afternoon. Consultation was held with Dr. Joseph Price (January 11, 1889) as to the advisability of an operation; examination, both by vagina and rectum, showed a mass about the size of a small orange, soft and painful to the touch. As there seemed to be some improvement since the last visit, it was thought better to wait results. Free purgation and blisters.

There now seemed to be a period of rest for about a month, the patient seemed to be comparatively well of her trouble, when on February 6, 1889, after eating some pineapple, the trouble started afresh; purgation brought away about a half cup of partially digested pineapple. Examination over the inguinal region revealed under the fingers a hard tumor, the size of a good-sized walnut, tender to touch.

March 30, 1889, an attack of one week's duration occurred; cause unknown; tumor enlarged. Operation proposed and declined by the patient. Six leeches were applied over the tumor.

The seventh attack was caused by straining in walking while trying to catch a car; it was of short duration.

The eighth and ninth attacks were not severe, especially the ninth (being out of town, Dr. S. Solis-Cohen attended the case for me).

The tenth and last attack occurred on August 9, 1889; the entire abdomen seemed to be involved in a general peritonitis; the tumor could be distinctly felt. Consultation was held with Dr. Joseph Price. We now insisted on operation, and at last, on August 13, 1889, consent was given. Operation August 14, 1889.

*Operation.*—Present Drs. Joseph Price, Baldy, S. Solis-Cohen, Mr. Chabut, student of medicine. Operator Dr. E. P. Bernardy. A curved incision of about four inches was made in the right inguinal region over diseased appendix; the parts were found completely adherent, the adhesions were numerous and firm, demanding very careful dissection with the fingers. In one place the adhesion was so firm, that in separating it was thought the bowel had been entered. The appendix was held down against the gut (cæcum) by numerous adhesions; after separation, it was ligated and cut; it was then found to contain pus. An inch above and behind the cæcum, buried deep down, was a small pus sac. After all adhesions were separated the cavity was douched with hot water, a drainage tube introduced, and the incision closed.

There was no rise of pulse or temperature throughout the after-treatment, the drainage tube came away on the fifth day, stitches taken out on the sixth. The patient was up in two weeks, and up to the present time has remained perfectly well.

The case undoubtedly should have been operated on long before, but the apparent improvement after each attack naturally led the patient and family to shrink from the use of the knife. It was only after the tumor had appeared, and the attacks of inflammation came closer, that all hope of a cure without surgical interference was dispelled.

Certainly the conservative physician or surgeon who will turn to this case as a support to his expectant plan of treatment will be sadly disappointed. How few patients could resist such repeated invasions of disease the post-mortem table tells.

The disease in its surgical aspect has only been fully recognized within very recent years, and it is to the untiring energy of such men as Drs. T. G. Morton, Joseph Price, J. M. Baldy, and Charles B. Penrose that the operation for appendicitis has been received and approved by the medical profession of this city.





